## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603453

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(2)

DAVID DILLENBECK, M.D., P.A.

FILED Mar 28 1997 8:00am Secretary of State



Principal Place o	f Business	Mailing A	Mailing Address				I NODITA OTITI DOTOR TINI OTDOL BLIDG ATIL OTDIT GAGIT STRAT OTDIT ATAN DIDIT IDAL			
4710 N. HABANA : TAMPA FL 33614		4710 N. HABANA #300 TAMPA FL 33614-7151								
							3. Date Incorporated or Qualified 03/20/1972		te of Last R )5/1996	leport
2. Principal Plac	e of Business	2a, Mailin	g Address				4. FEI Number	······································	A	pplied For
21		26					59-1390005		No	ot Applicable
Suite, Apt. #,	etc	Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27	<u> </u>							equired
Orty & State		City &	State				6. Election Campaign Financing			May Be
23    Z <sub>ID</sub>	Country	<b>28</b>		Cou	intry		Trust Fund Contribution			to Fees
24	25	29		30	шту		<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	r intangible Yes		. 199.032,
24	9. Name and Address of Cur		\aent	30	Ι		10. Name and Address of New F		<del></del>	
<u> </u>	BECK, DAVID G M.D.				B1	Name				
	I. HABANA #300					Ct 1 A -	(DO Do North State Assets	-1-1-1		
	FL 33614		82 Street Ad			Street At	ddress (P.O. Box Number is Not Accept	apie)		
17300 7	112 00014				83					
ĺ						011			Taal 35	
					84	City		FL	85 Zip	Code
11. Pursuant to t	the provisions of Sections 607.0	0502 and 607.1508	B, Florida Statu	ites, the al	bove	named co	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of	changing i	ts registered
t office or regi	istered agent, or both, in the St familiar with, and accept the ob	ale of Florida. Suc Mgations of, Section	:h change was on 607.0505, F	authorize Iorida Stal	a by tutes	the corpo	ration's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNIATURE		N/I	7 =	<del></del>		_	Henbeck, M.D. N	le		
Signatori	plature. Typical or printed harne of registered		ble (NC	)TE: Registere	d Age	ni signature re	quired when reinstating)	DATE		
12.		AND DIRECTORS	Districts	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
1	ST		☐ DELETE	1.1 TI					L Change	Addition
	HLLENBECK, DAVID G.			12 N						
	928 SAN RAFAEL					ADDRESS				
CITY-S1-ZIP TITLE	AMPA FL		DELETE	1.4 C	ITY-S	T-ZIP			Change	Addition
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!						ADDRESS				
STREET ADDRESS						T-ZIP				
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NAME.				3.2 N						
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NAME				4.24	IAME					į
STREET ADDRESS				4.3 S	TREET	ADDRESS				
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TOLE			☐ DELETE	61 T	TLE				Change	Addition
NAME				6.2 N	AME	1	:			
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CITY-S1-ZIP					ITY-S					
ISA Leto barobu.	control that the information curv	anist eidt dteu baur	a dose not due	UNITAR PAG	AYA	mation eta	ted in Section 119 07/3\(ii) Florida Statu	rae i furtha	r coathe thai	/ Inc

. I do hereby certify that the information supplied with this Iting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachapter with an address

SIGNATURE

David G. Dillenbeck, M.D. Date of BIGNING OFFICER OF DIRECTOR

(813) 879-7940

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